

EASTON POLICE DEPARTMENT
106 W. Dover Street
Easton, Maryland 21601
410-822-1111

APPLICATION FOR EMPLOYMENT



**Please return in a sealed
envelope**

SUMMARY OF BENEFITS

- Clothing maintenance allowance
- Group Health, Dental & Vision Insurance
- 11 Paid Holidays
- Paid Vacation
- Paid Personal Day
- Bereavement Leave
- Time Off to Vote
- Jury Duty
- Witness Duty
- Employment Assistance Program
- Educational Assistance
- Service Awards
- Credit Union
- Blood Bank
- Holiday Bonus
- Perfect Attendance Awards
- Pension Plan
- Deferred Compensation Savings Plan
- Basic Life & Accidental Death & Dismemberment Insurance
- Sick Leave Benefits
- Post - Retirement

Please keep this page for your records.

APPLICATION FOR EMPLOYMENT

**PLEASE COMPLETE WITH TYPEWRITER OR INK. RETURN IN A SEALED ENVELOPE TO:
CPT. MARK R. WALTRUP EASTON POLICE DEPARTMENT, 106 W. DOVER ST., EASTON, MD 21601**

PERSONAL INFORMATION

POSITION APPLYING FOR _____

1. Name (print) _____
(First) (Middle) (Last) Maiden (if applicable)

2. Present address: _____

(List house number and street; if address is on a Federal route, State or R.F.D. route, also indicate local name of route or nearest intersecting road)

(City) (County) (State) (Zip)

3. Mailing address, if different from above _____

4. Telephone Number: Home _____ Office _____ Cell _____

5. Date of Birth: _____ Place of Birth: _____

6. Social Security No.: _____ U.S. Citizen: ☐ Yes ☐ No

7. Driver's License No. _____ State _____ Expiration Date _____

EDUCATION

8. Accredited High School, GED and College information.

(a) High School: Attended: _____

Graduation: _____ Year: _____

(b) High School Equivalency Test? _____ Date _____

Certificate No. (if any) _____ State issuing Certificate

(A Certificate issued through the Armed Forces is not acceptable unless it meets the standards of the Maryland State Department of Education.)

(c) College: Attended: _____

Attended Years: From _____ To _____

Type of Diploma or Degree Awarded: _____

Major: _____

(d) Specialized Qualifications:

(Include Active Technical/Professional License and Numbers, Academic or Professional Awards, etc.)

(e) Languages Spoken or Read:

(f) Clerical Skills: Typing: _____ wpm

Computer Skills _____

Other: _____

MILITARY SERVICE

9. Branch: _____

10. Service Dates: From _____ to _____

11. MOS (Specialty): _____

12. Honorably Discharged: ☐ Yes ☐ No

13. Type of Discharge: _____

14. Rank at time of Separation: _____

BACKGROUND INFORMATION

15. List residences you have lived during the past (5) years.

Address

Dates

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

16. Have you ever been convicted of any violation of law , including motor vehicle violations? ☐ Yes ☐ No
If yes, state details and the disposition of the case(s):

17. List below your work history, starting with your present position and working backward through your jobs. List any periods of unemployment. Use additional pages if necessary.

Dates of employment: From _____ to _____

Name and address of employer _____

Name of Supervisor _____ Phone _____

Type of business _____ Position held _____

Assigned Duties _____

Reason for leaving _____

Dates of employment: From _____ to _____

Name and address of employer _____

Name of Supervisor _____ Phone _____

Type of business _____ Position held _____

Assigned Duties _____

Reason for leaving _____

Dates of employment: From _____ to _____

Name and address of employer _____

Name of Supervisor _____ Phone _____

Type of business _____ Position held _____

Assigned Duties _____

Reason for leaving _____

Dates of employment: From _____ to _____

Name and address of employer _____

Name of Supervisor _____ Phone _____

Type of business _____ Position held _____

Assigned Duties _____

Reason for leaving _____

18. May we contact your current employer? ☐ Yes ☐ No

19. Have you ever been dismissed or asked to resign from any employment position? ☐ Yes ☐ No
If yes, explain below:

20. If you have listed prior employment as a police officer, answer questions 20 (a) and 20 (b).

(a) If employed as a police officer, were you ever charged with a violation of departmental rules and regulations? ☐ Yes ☐ No If yes, date, charge(s) and disposition.

(b) Did you leave in good standing? _____

21. Have you ever been an applicant or employee of the Town of Easton? ☐ Yes ☐ No

☐ Applicant Date of Application _____ Disposition _____

☐ Employee Position Title _____ Employment Dates _____

22. REFERENCES: List (5) persons who are not related to you by blood or marriage who can comment on your education and/or work experience.

(Name) _____ (Occupation) _____

(Address) _____ (Phone) _____

(Name) _____ (Occupation) _____

(Address) _____ (Phone) _____

(Name) _____ (Occupation) _____

(Address) _____ (Phone) _____

(Name) _____ (Occupation) _____

(Address) _____ (Phone) _____

(Name) _____ (Occupation) _____

23. *If applying for a Police Officer position, sign 22 (a) and 22 (b) below.*

- (a) It is understood and agreed that I am required to successfully complete the approved Maryland Police Training Commission course (Police Academy). Failure to complete this course may result in the applicant's immediate dismissal from the Easton Police Department.

Signature of Applicant: _____ Date: _____

- (b) Applicant, if hired, is required to serve a two-year probationary period from date of appointment, during which time his/her services may be terminated at the discretion of the Chief of Police.

Signature of Applicant: _____ Date: _____

VERIFICATION:

24. *All applicants must sign below for consideration for employment. Failure to comply may result in the rejection of your application:*

I, the undersigned, certify that I have read and understand this application in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that should any statement made by me during the hiring process prove false, misleading or erroneous, may result in the rejection of my application and/or discharge from the Easton Police Department. In submitting this application, I further understand that it becomes the property of the Town of Easton Government and will not be returned.

Signature of Applicant: _____ Date: _____